

VEHICLE COMPLAINT FORM

TYPE OR PRINT NEATLY AND SUBMIT TO THE KENTUCKY MOTOR VEHICLE COMMISSION,
407 WAPPING ST., FRANKFORT, KY 40622 OR FAX: 502-564-5487. THANK YOU.

TODAY'S DATE: _____

PURCHASER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE WHERE YOU CAN BE REACHED: _____

CELL PHONE: _____

NAME OF DEALERSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

NAME & TITLE OF PERSON WITH WHOM YOU DEALT: _____

DATE OF YOUR LAST CONTACT WITH THE BUSINESS: _____

NAME AND TITLE OF PERSON WITH WHOM YOU LAST SPOKE: _____

WHAT WAS THE RESPONSE: _____

MAKE & MODEL OF VEHICLE: _____

DATE OF PURCHASE: _____

VEHICLE IDENTIFICATION NUMBER (17 CHARACTERS) _____

WAS VEHICLE OBTAINED AS: ☐ NEW ☐ USED ☐ LEASE

SUMMARY OF COMPLAINT: (Briefly describe your complaint and include specific dates)

(Attach additional sheets if necessary)

Please include with this complaint, copies of all documents, including the purchase contract and retail installment contract that you received from the dealership, and mail or fax to the contact information on the top of this form. Thank you.